



Town of Arlington  
Local Emergency Planning Committee  
730 Massachusetts Avenue  
Arlington, MA 02476

To All Recipients:

Transmitted herewith is the revised Emergency Management Plan for Arlington. This plan supersedes any previous plans promulgated for this purpose. It provides a framework wherein the community can plan and perform their respective emergency functions during a disaster or emergency situation on the local, state or national level.

This Comprehensive Emergency Management Plan combines the four phases of emergency management:

1. Mitigation:  
Those activities which eliminate or reduce the probability of disaster;
2. Preparedness:  
Those activities which governments, organizations, and individuals develop to save lives and minimize damage;
3. Response:  
Those activities which prevent loss of lives and property and provide emergency assistance; and
4. Recovery:  
Those short and long term activities which return all systems to normal or improved standards.

This plan is written in accordance with existing federal, state and local statutes and understandings of the various departments involved. It will be revised and updated as required.

All recipients are requested to advise the Arlington Emergency Management Director of recommendations for improvement.

All Department Heads assigned a responsibility under this plan are hereby directed to develop detailed implementing procedures for each department, describing how response functions will be carried out.

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CHAIRMAN BOARD OF SELECTMEN

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Chairman Board of Selectmen

Arlington  
02/04 Rev. 1

Emergency Management Director  
Police Chief  
Fire Chief  
DPW Superintendent

RECORD OF CHANGES		

# L I S T     O F     E F F E C T I V E     P A G E S

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## F O R E W O R D

The Arlington Emergency Management Office is charged with the responsibility to develop and implement Comprehensive Emergency Management (CEM). The heaviest emphasis in the past was on preparedness and response to all risks: man-caused emergencies and natural disasters.

In addition to Preparedness and Response, equal emphasis is now placed on Mitigation and Recovery phases of CEM.

This plan addresses emergency situations in which the actions of many different agencies must be coordinated. This major coordination effort differs from those emergencies handled on a daily basis by local fire, law enforcement, and medical services personnel.

This Plan is structured in six parts. Part I deals with the Basic Plan. Part II deals with Emergency Response Organizations. Part III deals with Emergency Management Processes and Protective Procedures. Part IV deals with specific Hazard/Emergencies/Disasters. Part V deals with Hazardous Materials. Part VI is the Terrorism Incident Response Plan.

Emergency response Standard Operating Procedures (SOP's) for local emergency response personnel should be developed based on responsibilities assigned in their plan. These SOP's will be maintained separately from this plan as supporting documents.

Information concerning telephone contacts, equipment inventories, resources, facilities, and support forms supporting the CEM Plan and SOP's is contained in the *Resource Manual*. The *Resource Manual* is maintained as a separate support document.

**MATOWN COMPREHENSIVE  
EMERGENCY MANAGEMENT PLAN**

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EMERGENCY MANAGEMENT PLAN**

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EMERGENCY MANAGEMENT PLAN**

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# **ARLINGTON RESOURCE MANUAL**

## INTRODUCTION

The Resource Manual contains telephone communications, resource listings, facilities information and forms that support the CEM Plan. Where references are made to the Resource Manual, that information will be found under the appropriate listing in the Resource Manual Table of Contents.

**1.0 EMERGENCY TELEPHONE DIRECTORY**  
CALL DOWN ROSTERS

POLICE DEPARTMENT

Chief Fredrick Ryan

911                      Emergency  
781-316-3801      Business  
781-316-3919      FAX

781-316-3909      24hr FAX

EMD

Chief Richard J. Maimone

911                      Emergency  
781-316-3801      Business  
781-316-3919      FAX

FIRE DEPARTMENT

Chief Richard J. Maimone

911                      Emergency  
781-316-3801      Business  
781-316-3919      FAX

Deputy Chief Wayne Springer  
911                      Emergency  
781-316-3803      Business  
781-316-3919      FAX

EOC

Chief Richard J. Maimone

781-643-4000      Emergency  
781-316-3801      Business  
781-316-3909      24hr FAX

Deputy Chief Wayne Springer  
781-643-4000      Emergency  
781-316-3803      Business  
781-316-3919      FAX

EMERGENCY MEDICAL SERVICES

Dispatch

911                      Emergency  
781-643-4001      Business

DPW/HIGHWAY DEPT

Teresa DeBenedictis, Director

781-316- 3103              Emergency/

HAZ-MAT  
NOTIFICATION LIST

I.	<u>LOCAL AGENCIES</u>	<u>PHONE</u>
	Fire	781-316-3800
	Police	781-316-3900
	Health	781-316-3171
	Emergency Management	781-316-3801
	LEPC Chairman	781-646-7622
II.	<u>STATE AGENCIES</u>	
	Massachusetts Emergency Mgmt Agency, (MEMA)	978-328-1500
	Department of Environmental Protection, (DEP)	508-292-5500
	Northeast/Metro Boston (Woburn)	617-727-5194
	Southeast (Lakeville)	508-946-2700
	Central (Worcester)	508-792-7650
	Western (Springfield)	413-784-1100
	Department of Public Health, (MDPH)	617-624-6000
	Massachusetts State Police, (MSP)	800-525-5555
	Department of Labor & Occupational Safety (Boston)	617-727-3452
III.	<u>FEDERAL AGENCIES</u>	
	National Response Center	800-424-8802
	Environmental Protection Agency (EPA)	617-223-7265
	Department of Transportation (DOT)	617-494-2000
	Federal Emergency Mgmt Agency, (FEMA)	617-223-9540
IV.	<u>OTHER</u>	
	CHEMTREC	800-424-9300

## EMERGENCY TELEPHONE NUMBERS

### **SPECIAL:**

800-424-9300	CHEMTREC
301-816-5100	NRC Emergency Ops Center, Washington DC
800-424-8802	USCG National Response Center
800-851-8061	DLA Defense Logistics Agency (Hazardous Materials other than explosives or ammunition)
703-697-0218	US Army Operations Center (explosives & ammo)
703-325-2102	JNACC Defense Nuclear Agency & Dept. of Energy

### **FEDERAL:**

202-586-8100	DOE Dept. of Energy National Emergency Operations Center
215-597-9898	EPA Environmental Protection Agency national office
202-898-6100	FEMA Federal Emergency Management Agency national office
301-951-0550	NRC Nuclear Regulatory Agency national office

### **Regional Offices:**

516-344-2200	DOE Region 1 Radiological Assistance program
617-223-9540	FEMA Region 1 Boston MA
610-337-5000	NRC Regional Office King of Prussia PA
617-223-7265	EPA Regional Office Boston MA
617-223-3000	US Coast Guard Marine Safety Office Boston MA
617-223-8555	US Dept of Transportation Region 1 Boston MA

### **STATE:**

617-727-9530 X456	Coastal Zone Management Boston
508-820-2000	Emergency Management Agency
617-292-5500	MA Environmental Protection Agency Boston
617-973-7305	MA Highway Department Boston
617-727-9710	NIAT team (office hours) Boston
508-820-2121	NIAT (other times) Framingham
508-820-2300	State Police Framingham

## 2.0 COMMUNICATIONS

### LOCAL MEDIA CENTER

NAME	STREET	TOWN	TELEPHONE
Community Safety Bldg 2 <sup>nd</sup> Floor, Training Room	112 Mystic St	Arlington	781-316-3800

### MEDIA ORGANIZATIONS

#### RADIO:

#### EMERGENCY ALERT SYSTEM:

WBZ	1170 Soldiers Field Rd	Boston	617-787-7000
WEEI	116 Huntington Ave	Boston	617-375-8000
WGBH	125 Western Ave	Boston	617-492-2777
WHDH	7 Bulfinch Place	Boston	617-725-0777
WMEX	330 Stuart St	Boston	617-542-0241
WRKO	116 Huntington Ave	Boston	617-236-6800
WROR	Morrissey Blvd	Boston	617-375-2100
WMFO	Box 65	Medford	781-628-5000
WXKS	99 Revere Beach Pkwy	Medford	781-396-1430

#### TELEVISION:

WBZ	1170 Soldiers Field Rd	Boston	617-787-7000
WGBH/			
WGBX	125 Western Ave	Boston	617-492-2777
WHDH	7 Bulfinch Place	Boston	617-725-0777
WLVI	75 Morrissey Blvd	Boston	617-265-5656
WSBK	83 Birmingham Pkwy	Boston	617-783-3838
WABU	1660 Soldiers Field Rd	Boston	617-787-6868
WCVB	5 TV Place	Boston	617-449-0400
WFXT	25 Fox Drive	Dedham	781-326-8825

#### LOCAL CABLE TELEVISION:

ATT Broadband	330 Billerica Rd	Chelmsford	888-213-0420
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#### NEWSPAPERS:

Boston Globe	135 Morrissey Blvd	Boston	617-929-2000
Boston Herald	1 Herald Sq	Boston	617-426-3000

#### ADDITIONAL MEDIA ORGANIZATIONS IN ARLINGTON:

Arlington Advocate	9 Meriam Street	Lexington	781-674-7726
RCN	956 Mass. Ave.	Arlington	1-800-746-4726

## COMMUNICATIONS NETWORK

### EMERGENCY MANAGEMENT

781-643-4000    Emergency  
781-316-3800    Business

2-Way Radio  
WUMD789  
158.805

### POLICE

911                      Emergency  
781-643-1212    Business  
2-Way Radio  
WDD585  
471.1625

### FIRE

911                      Emergency  
781-643-4001    Business  
  
2-Way Radio  
WNLY369  
460.600

### EMERGENCY MEDICAL SERVICES

911                      Emergency

### OTHERS

### ADDITIONAL NUMBERS OR INFORMATION

### EOC MONITORS

NAWAS  
NWS  
EAS Radio, Cable TV

### HIGHWAY

781-316-3000    Emergency/  
781-316-3000    Business  
2-Way Radio  
WNMD771  
158.760

### RACES

### PRIMARY WARNING SYSTEMS

EAS Radio, Cable TV

### SECONDARY WARNING SYSTEMS

Phones, Door to door

### 3.0 RESOURCE INVENTORIES

POLICE INVENTORY	
PERSONNEL	NUMBER
REGULAR POLICE	74
DIVERS/TEAM	
EOB/BOMB TEAM	
CISD TEAM	
SEARCH & RESCUE TEAM	
SEARCH DOG(S)	
LANGUAGE TRANSLATOR/INTERPRETOR	1 Spanish
VEHICLES	NUMBER
CRUISERS:	13
ALL TERRAIN VEHICLES:	1
CRUISERS (AMBULANCE):	
AMBULANCES:	
SNOWMOBILES:	
4 X 4 VEHICLES:	1
HORSE:	
MOTORCYCLES:	3
BOATS:	
BUSES:	
COMMAND POST, MOBILE:	
AMPHIBIOUS VEHICLES:	
VANS:	2
Arlington is member of NEMLEC	SWAT, Command Vehicles, Dogs, etc.

POLICE INVENTORY	
EQUIPMENT	NUMBER
GAS GUNS:	
GAS MASKS:	
SMOKE (YES OR NO)	5
NIGHT VISION EQUIPMENT:	
INFRARED EQUIPMENT:	
GENERATOR, PORTABLE:	
BARRICADES:	
LIGHTING UNITS:	
NUMBER OF CELLS:	9
SLEEPING FACILITIES:	
FEEDING FACILITIES:	

\*Portable sleeping and temporary feeding arrangements can be arranged at 112 Mystic Street facility

FIRE INVENTORIES		
FOAM TRUCKS :		
PUMPER TANKERS :		
PUMPERS :	4	1250 GPM
TANKERS :		
HOSE WAGONS :		
AERIAL LADDER TRUCKS :	2	101 & 75
FORESTRY TRUCKS :		
FOAM (GAL/lbs.) :	100	
PORTABLE PUMPS :	4 Gas 15 Electric	Gas & Submersible
RESUSCITATORS (OXYGEN) :	8	
AIR PACKS/SCBA :	30	
GENERATORS :	6	
RESCUE TRUCKS :		
AMBULANCE :	2	
LIGHTING PLANT :	1	
BOATS :	2	With Motor
BUCKET TRUCKS :	1	
COMMAND POST MOBILE :	1	

HOSE IN FEET -- TYPE OF THREAD -- SIZE: 5000' @ 4"  
2000' @ 3"  
2000' @ 2 ½"  
3500' @ 1 ¾"

National Standard for 2 ½" and above and Iron pipe under 2 ½"

Miscellaneous (Deck guns, deluge sets, city service ladder trucks, breathing apparatus other than air packs, 3 or 4 inch hose, ambulances, cellar pumps, frogmen, absorbants, air bags, air monitoring, air refilling, booms, ventilation equipment, confined space equipment, chain saws, lighting/floodlight units, decon equipment, tools, barricades, hazmat suits, etc.)

4 Deck Guns, 2 DeLuge - (1) Boom truck - Air Bags - Cellar Pumps 3" & 4" Hose - Ventilabtion Fans (6) - Ambulance - 4 Chain Saws - Lighting Plant - Absorbants

OFFICERS: 27 MEN/WOMEN: 58 EMERGENCY AUXILIARY: 22

EMERGENCY MEDICAL TECHNICIAN TRAINED: 60

CISD: 1

RESCUE TEAM:

DIVERS:

HAZMAT TEAM: 2

HOVERCRAFT:

AMPHIBIOUS VEHICLES:

ALL TERRAIN VEHICLES: 2 4-Wheel Drive

<b>DPW INVENTORY</b> <b>INVENTORY OF CONSTRUCTION EQUIPMENT AND SUPPLIES</b>	
<b><u>PERSONNEL</u></b>	<b><u>QUANTITY</u></b>
<b>ENGINEERS:</b>	5
<b>SUPERINTENDENTS:</b>	1
<b>FOREMEN:</b>	5
<b>CLERKS:</b>	6
<b>TRUCK DRIVERS:</b>	15
<b>EQUIPMENT OPERATORS:</b>	8
<b>MECHANICS:</b>	6
<b>LABORERS:</b>	13
<b>OTHERS:</b>	
<b>TOTAL:</b>	59

<b><u>COMMUNICATIONS</u></b>	<b><u>QUANTITY</u></b>	<b><u>FREQUENCY</u></b>
<b>BASE STATIONS:</b>	2	158.760
<b>2-WAY RADIO UNITS (MOBILE):</b>	47	
<b>PORTABLE UNITS:</b>	6	
<b>OTHER:</b>		

GARAGE, EQUIPMENT REPAIR:  X  YES      NO

MACHINE SHOP:  X  YES      NO

COMMENTS:

**DPW INVENTORY (CON'T)**  
EQUIPMENT AND SUPPLIES

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>TYPE</u>
BAGS, SAND:		Unlimited sand; not bagged
BARRICADE, HIGHWAY:	40	
BARRICADE/ELECTRIC BLINKERS:	40	
LIGHTS, PORTABLE, FLOOD:		
SAWS, CHAIN, POWER:	6	
BACKHOES:	4	
BOATS:		
CHIPPERS, BRUSH PORTABLE:	2	
COMPRESSORS:	2	
GENERATORS:	1	
GRADERS:	0	
LOADERS & SHOVELS:	1	
PLOWS, SNOW:	20	
PUMPS, WATER:	6	
TANKS, WATER:	2	
TRACTORS, TRAILERS:	1	
TRUCKS (OVER 2500 GW):	15	
WRECKERS:	2	
OTHER: WELDER	2	

**DPW INVENTORY (CON'T)**  
**EQUIPMENT AND SUPPLIES**

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>TYPE</u>
ABSORBANT		
ARROW BOARDS		
SPILL BOOMS		
BULLDOZER		
COMPACTORS		
CRANES	1	
FUEL		
SIGN BOARDS		
STREET SWEEPERS	3	
STORAGE CONTAINERS		
DUMP TRUCKS	14	
EXCAVATORS		
FENCE RIOT/SNOW		
FLOODLIGHTS		
STONE, CRUSHED		
FORKLIFTS		
4 X 4 VEHICLES	2	
FUEL TRUCKS	10	
ALL TERRAIN VEHICLES		
TENTS		
LIGHTING UNITS		
JERSEY BARRIERS		
VENTILATION EQUIPMENT		
DUMPSTERS		
AIR MONITORING EQUIPMENT		
CONFINED SPACE EQUIPMENT		

[illegible]

**COMMUNICATIONS INVENTORY**

<b><u>EOC</u></b>	<b><u>EQUIPMENT (# &amp; TYPE)</u></b>	<b><u>CONTACT (TO WHERE)</u></b>	<b><u>CALL LETTERS</u></b>	<b><u>FREQUENCIES</u></b>
BASES	2 @ 100W		WNMD789	158.805
MOBILES				
PORTABLES				
BASES	2 @ 100 W		WNMD771	158.760
TELETYPE				
TELEPHONE				
OTHER				
<b><u>POLICE</u></b>				
BASES	2 @ 100W	Motorola	WDD585	471.16250
MOBILES	15 @ 25W		Same	Same
PORTABLES	25 @ 5W		Same	Same
REPEATERS	2 @ 100W	Motorola	Same	Same
TELETYPE	NCIC & LEAPS			
TELEPHONE	3 Cell	Phones		
OTHER				
<b><u>FIRE</u></b>				
BASES	2 @ 100W	Motorola	WNLY369	460.600
MOBILES	20 @ 25W	Same	Same	Same
PORTABLES	25 @ 5W	Same	Same	Same
REPEATERS	2 @ 100W	Same	Same	Same
TELETYPE				
TELEPHONE	1 Cell	Phone		
OTHER	Metro Fire			

COMMUNICATIONS INVENTORY (CON'T)				
<b><u>PUBLIC WORKS</u></b>				
BASES	2 @ 100W		WNMD771	158.760
MOBILES	40 @ 50W		Same	Same
PORTABLES	6 @ 5W		Same	Same
REPEATERS				
TELETYPE				
TELEPHONE				
OTHER				
<b><u>MEDICAL</u></b>				
BASES	Fire Remote			
MOBILES	1 @ 50W			
PORTABLES	2 @ 5W			
TELEPHONE	HAIC System			
OTHER:				

HEALTH AND MEDICAL INVENTORY			
HOSPITAL TYPE:	NUMBER	NUMBER OF BEDS	EMERGENCY FACILITIES
NURSING HOMES:			
Park Avenue Nursing Home/Rehab		80	
Arlington Rest Home		19	
PHARMACIES:	6		2-Walgreen's, Maida, 2-CVS Stop&Shop Pharmacy
MEDICAL CLINICS:			
FIRST AID CENTERS:			
RADIOLOGICAL CLINICS:			
MEDICAL LABORATORIES:			
RED CROSS CHAPTERS:			
HOSPITAL BASED AMBULANCE:			
PACKAGED DISASTER HOSPITALS:			
OTHER:			
PRIVATE AMBULANCE:	1		Armstrong Ambulance

HEALTH AND MEDICAL INVENTORY (CON'T)

NUMBER OF PHYSICIANS IN COMMUNITY:	
NUMBER OF NURSES IN COMMUNITY:	REGISTERED <u>20</u> LPN
DENTISTS IN COMMUNITY:	3
VETERINARIANS IN COMMUNITY:	
BLOOD BANKS #	AVERAGE # PINTS AVAILABLE:
MORTUARY SERVICES DAILY CAPACITY:	6

NOTE: ATTACH LIST OF FACILITIES NAMES, ADDRESSES, PHONE #'S,  
EMERGENCY CONTACT PERSON

## TRANSPORTATION INVENTORY

BUSES (PRIVATE): NAME and ADDRESS		PHONE #		#OF BUSES & CAPACITY	
BUSES (PUBLIC): NAME and ADDRESS		PHONE #		#OF BUSES & CAPACITY	
MBTA, Boston		617-222-5777		Unlimited	
LIMOUSINE SERVICE:NAME and ADDRESS		PHONE #		#OF LIMOS & CAPACITY	
Arlington Yellow Cab		781-643-1200		2	
TAXI FIRMS: NAME and ADDRESS		PHONE #		#OF CABS & CAPACITY	
Arlington Yellow Cab		781-643-1200		50	
TRUCKING FIRMS: NAME and (NON-CONSTRUCTION)CO. ADDRESS		PHONE #		# OF TRUCKS & CAPACITY	
Palmer's Garage, 712 Summer Street		781-643-3345		3	
Mal's Towing, 1540 Massachusetts Avenue		781-648-7700		7	
AIRPORTS: NAME and ADDRESS:		PHONE #		LENGTH OF RUNWAY	
TRAIN SERVICE COMPANY NAME: ADDRESS:		PASSENGER  FREIGHT		DESTINATION (TO-FROM)	
TOWING SERVICES: NAME: ADDRESS:		PHONE NO.		TYPE of EQUIPMENT	

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# EOC/EM ORGANIZATION INVENTORY

Please list all vehicles, heavy equipment, communications equipment, and other types of equipment under the ownership/control of the EOC and/or Local Emergency Management Organization that is used in time of emergency.

DESCRIPTION	QTY	DESCRIPTION	QTY
<b>PERSONNEL</b>		<b>VEHICLES</b>	
DIVE TEAMS		ALL TERRAIN VEHICLES	No
VOLUNTEERS		COMMUNICATIONS CENTERS, MOBILE	Yes
OTHER PERSONNEL	20	4 X 4 VEHICLES	Yes
		HOVERCRAFT	No
<b>EQUIPMENT</b>		SNOWMOBILES	No
SAND BAGS	100	WATER TRUCKS/TRAILERS	No
BLANKETS	50	AMBULANCES	Yes
CELLULAR PHONES	3	AMPHIBIOUS VEHICLES	No
FLASHLIGHTS	20	COMMAND POSTS, MOBILE	Yes
PUMPS/PORTABLE	15		
COOKING EQUIPMENT	Yes		
BARRICADES	Yes		
BOATS	Yes		
COTS	Yes		
AIR MONITORING EQUIPMENT	Yes		
FLOODLIGHTS	Yes		
GENERATORS, PORTABLE	Yes		
LIGHTING UNITS	Yes		
RADIO EQUIPMENT	Yes		
TENTS	No		
CHAINSAWS	Yes		
AIR REFILLING/ CASCADE SYSTEM, PORTABLE	Yes		

## **4.0 RESOURCES**

### MUTUAL AID LISTINGS

Town and Department with which Arlington has Mutual Aid Agreement.

Belmont - Fire/Police

Lexington - Fire/Police

Somerville - Fire/Police

Medford - Fire/Police

Winchester - Fire/Police

Cambridge - Fire/Police

## **LINES OF SUCCESSION**

### **HEAD OF GOVERNMENT**

Board of Selectmen  
Chairman Board of Selectmen  
Any Member Board of Selectmen

### **HEAD OF LOCAL EMERGENCY MANAGEMENT ORGANIZATIONS**

Emergency Management Director  
Deputy Emergency Management Director  
Deputy or Acting Chief Officer on Duty

### **HEAD OF LAW ENFORCEMENT**

Police Chief  
Operations Captain  
Administration & Services Captain

### **HEAD OF FIRE SERVICE**

Fire Chief  
Administration Officer  
Deputy or Acting Chief Officer on Duty

### **HEAD OF HIGHWAY DEPT.**

DPW Director  
1<sup>st</sup> Foreman  
2<sup>nd</sup> Foreman

### **HEAD OF LOCAL HEALTH SERVICE**

Chairman Board of Health  
2<sup>nd</sup> Member Board of Health  
3<sup>rd</sup> Member Board of Health

### **PIO**

Town Manager  
Assistant or Deputy Town Manager  
Emergency Management Director

### **HEAD OF DISASTER INFORMATION**

(Responsible for coordination of application for disaster funds)

Emergency Management Director  
Assistant Emergency Management Director  
Chief Officer on Duty

ADDITIONAL REQUIREMENTS  
PART I

**EOC AND EMERGENCY MANAGEMENT ORGANIZATION**

**LAW ENFORCEMENT**

**FIRE SERVICE**

**DPW/RESOURCE MANAGEMENT**

**HEALTH/MEDICAL SERVICE**

**VOLUNTEER CARE AGENCIES**

**COMMUNICATIONS**

**PUBLIC INFORMATION**

**RADIOLOGICAL PROTECTION:**  
No Detection

**DAMAGE ASSESSMENT**

ADDITIONAL REQUIREMENTS  
PART II

**TRAINING**

**SHELTERS**

Cots and blankets

**EVACUATION**

**HAZARDOUS MATERIALS HANDLING**

Regional Haz-Mat Team

**INGESTION PATHWAY (OF RADIOACTIVE PLUME)**

No detection device

**FLOODING**

**CIVIL DISTURBANCE (RIOTS)**

Would need additional personnel

**DAM HAZARD**

**HURRICANE**

ADDITIONAL REQUIREMENTS  
PART III

**WINTER STORMS**

**EARTHQUAKE**

Water supply - drinking and fire protection

**WEAPONS RELATED**

**TERRORISM**

Would need state and federal assistance

# ALTERNATE TRANSPORTATION SYSTEM

In the event of a total evacuation, it is estimated that 36,630 residents of Arlington have access to private automobiles. The remaining people without access to automobiles should proceed to where they will be evacuated by bus.

Facilities	Street	Est. # of Evacuees	# of Buses Allocated	Source
St Camillus Church	1175 Concord Turnpike	500	11	MBTA
St Agnes Church	25 Medford St	500	11	MBTA
Hardy School	Lake St	500	11	MBTA

**5.0 FACILITIES**  
LOCAL LOCK-UP PRISONER RELOCATION PLAN

**Name and address of Facility to which prisoners will be transferred:**

Lexington Police Dept  
1575 Massachusetts Ave  
781-862-1212

**Contact Person at relocation facility:**

Captain James Kilmartin

**Alternate Contact Person:**

**Source of Vehicles:**

Arlington Police wagons and cruisers  
Captain Richard Kennefick  
781-316-3904 (Weekends: 781-643-1212)

**Other Needed Resources:**

## KEY FACILITIES

### ESSENTIAL OPERATIONS

Organization/Address	Employees & Dependents	Officers Needed
----------------------	---------------------------	--------------------

**Food Service:**

Foodmaster Supermarket  
105 Alewife Brook Parkway  
Somerville, MA 02144  
617 660-1342

**Pharmacy:**

Stop & Shop Pharmacy  
1043 Massachusetts Ave  
Arlington, MA 02476  
781 643-3267

**Service Station:**

Gulf  
1432 Massachusetts Ave

# HEALTH FACILITY LISTING

## ARLINGTON HEALTH FACILITIES:

MAP #	NAME	STREET	TYPE	ADC*	DECONTAMINATION CAPABILITY (Yes or No)
1	Armstrong Ambulance	12 Brattle Ct	First Aid		No
2	Park Ave Nursing Home	Park Ave	Skilled Nursing	80	No
3	Fire Hdqtrs	1 Monument Ave	First Aid		No
4	Highland Fire Station	1005 Massachusetts Ave	First Aid		No
5	Park Circle Fire	396 Park Ave	First Aid		No
6					

\*Average Daily Capacity (Number of patients)

## MORTUARY FACILITIES

The following mortuary facilities are located in Arlington. In the event of a disaster which requires additional mortuary services, the facilities listed below can be expanded as noted in column 4.

Also identified are facilities that can be utilized during an emergency as temporary mortuaries.

<u>FACILITY NAME ADDRESS</u>	<u>NORMAL CAPACITY</u>	<u>EXTENDED CAPACITY</u>
Arlington Funeral Home 223 Massachusetts Ave 781 643-2500	3	5
Berglund-Clark Funeral Home 292 Massachusetts Ave 781 643-6410	3	150
DeVito-O'Donnell Funeral 1145 Massachusetts Ave 781 643-5610	3	40
Grannan-Saville Service 418 Massachusetts Ave 781 643-1634	3	5
Keefe Funeral Homes 5 Chestnut Street 781 648-5544	3	5

### Cold Storage Facility:

Ice Skating Rink  
Summer St  
(November through March)

### Temporary Morgue for Mass Casualty Incident:

<u>Name</u>	<u>Capacity</u>
-------------	-----------------

## MASS CARE SHELTERS

NAME, ADDRESS AND CONTACT PERSON	PHONE NO	GEN Y/N	FED Y/N	LOA Y/N	HANDICAP ACCESSIBLE Y/N	CAP @ 20 SQ FT PERSON	RESTRICTION
A. Arlington Catholic HS Principal 24 Medford St	781-646-7770		Y		Y	700	
B. Arlington HS 869 Mass Ave Principal	781-316-3593		Y		Y	700	
C. Ottoson Jr HS Principal Acton St	781-316-5432		Y		Y	250	
D. Thomson School Principal N Union St	781-316-3768	X	Y		Y	250	
E. Main Library Mary Ellen Remmert-Loud 700 Mass Ave	781-316-3200		N		Y	200	
F. St Camillus Church Pastor Concord Turnpike	781-643-3132		Y		Y	200	
G. St Agnes Church Pastor Medford St	781-648-0220		N		Y	200	
H. St James Church Pastor Appleton St	781-643-0636		N		Y	200	
I. Regent Theatre Medford St	781-643-1198		N		Y	200	
J. Capitol Theatre 200 Mass Ave	781-648-4340		Y		Y	200	
K. Sons of Italy Prentiss Rd	781-643-4255		N		Y	150	
L. Community Safety 112 Mystic St	781-643-4000				Y	10	

COMMUNITY FALLOUT SHELTERS				
Map Location	Name and Address of Shelters	PF	# Spaces	Population
1	Arlington Catholic HS Medford St			
2	St Agnes church Medford St			
3	Regent theatre Medfors St			
4	Center Plaza 385 Mass Ave			
5	Crosby School Winter St			
6	Hardy School 54 Lake St			
7	Capitol Theatre 204 Mass Ave			
8	Counsel on Aging Academy Rd			
9	Parmenter School Irving St			
10	Post Office 10 Court St			
11	Main Library 700 Mass Ave			
12	Brackett School 66 Eastern Ave			
13	St Camillus Church Rte 2			
14	Pierce School Park Ave, Ext			
15	Ottoson Jr HS Acton St			
16	St James School Acton St			
17	Arlington HS Mass Ave			

**VITAL RECORDS INFORMATION**

**AVAILABILITY OF RECORDS**

**Location of Town's Clerk's Original Records:**

Town Hall - 2<sup>nd</sup> Floor

**Form of Town Clerk's Original Records:**

Paper

**Location of Town Clerk's Duplicate Records:**

Dept of Public Health

**Form of Town Clerk's Duplicate Records:**

Paper

**Location of Assessor's Original Records:**

Town Hall - Basement

**Form of Assessor's Original Records:**

Paper

**Location of Assessor's Duplicate Records:**

**Form of Assessor's Duplicate Records:**

**Location of Legal Department's Original Records:**

Legal Office - Pleasant St

**Form of Legal Department's Original Records:**

Paper

**Location of Legal Department's Duplicate Records:**

**Form of Legal Department's Duplicate Records:**

**OTHER INFORMATION PERTAINING TO THE AVAILABILITY OF COMMUNITY RECORDS:**

Police and Fire Records are at 112 Mystic Street. Records are in Paper form and some computer backup.

DPW STAGING AREA

The DPW staging are is:

730 Massachusetts Avenue

Additional Emergency DPW staging areas are:

DPW Yard  
Grove Street

WAREHOUSING GOODS STAGING AREA

The Warehousing Goods Staging Area is:

Thomson School  
N Union Street

Additional Emergency Warehousing Goods Staging Areas are:

Arlington High School  
869 Massachusetts Avenue

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SPECIAL NEEDS RESPONSE REQUIREMENTS SHEET

FACILITY NAME/ADDRESS/ MAP LOCATION	CONTACT AND PHONE	NUMBER OF PATIENTS/ STAFF	VEHICLES REQUIRED	HOST LOCATION	TRANSPORTATION PROVIDER	**VEHICLES DISPATCHED TO FACILITY		*NOTES
						NUMBER	TIME	
#1 May Center for Early Childhood Education 10 Acton St	Susan Campbell 781-648-9260	75/35	2 Buses	Ottoson Jr HS	MBTA			
#2 Elliott Community Human Services 998 Mass Ave	Richard Giannini 781-861-0890	11/3	1 Bus	Sons of Italy	MBTA, Armstrong Ambulance			
#3 Wayside Youth & Family 12 Prescott St	Cheryl Curley 781-643-1668	10/1	1 Bus	Community Safety Bldg	MBTA, Armstrong Ambulance			
#4 Specialized Housing Inc, Brookline 7 Wyman St	Kathy O'Brien 781-641-3125 617-560-6299 Pager Joe Mazzone 617-560-2173 Pager	10/2		Capitol Theatre	MBTA, Armstrong Ambulance			
#5 Park Ave Nursing Home Park Ave	John Alessandrone 781-648-9530 978-256-1484	89/110	1 Bus	Ottoson Jr HS	MBTA, Armstrong Ambulance			
#6Arlington Rest Home 129 lake St	Eloise Milligan 781-643-8761	19/12	1 Bus	Capitol Theatre	MBTA, Armstrong Ambulance			
#7 Arlington HS Massachusetts Ave	Principal 781-646-1000 Ext 3103	1060/175	31 Buses		MBTA			
#8 Ottoson Jr HS Acton St	Principal 781-641-5431	975/100	30 Buses		MBTA			
#9 Stratton School 180 Mountain Ave	Principal 781-316-3000	275/38	7 Buses		MBTA			

NOTES:

\* 24-hr facility, handicapped accessibility, generator, etc.

\*\* To be completed when calling to confirm vehicle availability during emergency

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SPECIAL NEEDS RESPONSE REQUIREMENTS SHEET

FACILITY NAME/ADDRESS/ MAP LOCATION	CONTACT AND PHONE	NUMBER OF PATIENTS/ STAFF	VEHICLES REQUIRED	HOST LOCATION	TRANSPORTATION PROVIDER	**VEHICLES DISPATCHED TO FACILITY		*NOTES
						NUMBER	TIME	
#10 Dallin School	Principal 781-641-5413	383/40	12 Buses		MBTA			
#11 Pierce School	Principal 781-641-5446	400/22	12 Buses		MBTA			
#12 Thomson School	Principal							
#13 St Agnes School	Sister Ann Nolan 781-643-9031	450/31	13 Buses		MBTA			
#14 Arlington Catholic School	Sister Catherine Clifford 781-646-7770	800/50	23 Buses		MBTA			
#15 Dearborne Academy Winter St	Howard Rossman Director 781-641-5992	386/90	8 Buses		MBTA			

NOTES:

\* 24-hr facility, handicapped accessibility, generator, etc.

\*\* To be completed when calling to confirm vehicle availability during emergency

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SPECIAL NEEDS RESPONSE REQUIREMENTS SHEET

FACILITY NAME/ADDRESS/ MAP LOCATION	CONTACT AND PHONE	NUMBER OF PATIENTS/ STAFF	VEHICLES REQUIRED	HOST LOCATION	TRANSPORTATION PROVIDER	**VEHICLES DISPATCHED TO FACILITY		*NOTES
						NUMBER	TIME	
#16 Winslow Tower Arlington Housing Authority	Al Casazza 781-646-3400	134 Apts/2	3 Buses		MBTA, Armstrong Ambulance			
#17 Chestnut Manor 54 medford St Arlington Housing Authority	Same as above	100/1	2 Buses		MBTA			
#18 Cusak Towers 8 Summer St Arlington Housing Authority	Same as above	60/1	2 Buses		MBTA			
#19 Drake Village High Rise 27 Drake Rd Arlington Housing Authority	Same as above	144/1	3 Buses		MBTA			
#20 18 Drake Rd 8 Apts Arlington Housing Authroity	Same as above	8/6			MBTA			
#21 22 Drake Rd Arlington Housing Authority	Same as above	8/6						

NOTES:

\* 24-hr facility, handicapped accessibility, generator, etc.

\*\* To be completed when calling to confirm vehicle availability during emergency

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SPECIAL NEEDS RESPONSE REQUIREMENTS SHEET

FACILITY NAME/ADDRESS/ MAP LOCATION	CONTACT AND PHONE	NUMBER OF PATIENTS/ STAFF	VEHICLES REQUIRED	HOST LOCATION	TRANSPORTATION PROVIDER	**VEHICLES DISPATCHED TO FACILITY		*NOTES
						NUMBER	TIME	
#22 23 Drake Rd Arlington Housing Authority	Al Casazza 781-646-3400	9/6						
#23 26 Drake Rd Arlington Housing Authority	Same as above	8/6						
#24 27 Drake Rd Arlington Housing Authority	Same as above	9/6						
#25 30 Drake Rd Arlington Housing Authority	Same as above	9/6						
#26 31 Drake Rd Arlington Housing Authority	Same as above	9						
#27 34 Drake Rd Arlington Housing Authority	Same as above	9/6						
#28 38 Drake Rd Arlington Housing Authority	Same as above	9/6						

NOTES:

\* 24-hr facility, handicapped accessibility, generator, etc.

\*\* To be completed when calling to confirm vehicle availability during emergency

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SPECIAL NEEDS RESPONSE REQUIREMENTS SHEET

FACILITY NAME/ADDRESS/ MAP LOCATION	CONTACT AND PHONE	NUMBER OF PATIENTS/ STAFF	VEHICLES REQUIRED	HOST LOCATION	TRANSPORTATION PROVIDER	**VEHICLES DISPATCHED TO FACILITY		*NOTES
						NUMBER	TIME	
# 29 Arlington Children's Center	Gwen Hooper 781-646-9307	125/50	3 Buses		MBTA			
#30 Ecole Bilingue	Marielle Allor 781-646-0510	186/25	6 Buses		MBTA			
#31 Bishop School	Principal 781-316-3000	385/35-40	12 Buses		MBTA			
# 32 Leslie Ellis School	Deanne Benson, Director 781-727-2127 978 263-0323	150/30	3 Buses		MBTA			
Same as above	Jonathan Prosky, Asst. Director 781-727-2128	Same as above	Same as above		Same as above			

NOTES:

\* 24-hr facility, handicapped accessibility, generator, etc.

\*\* To be completed when calling to confirm vehicle availability during emergency

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## 6.0 FORMS

### EOC SUPPORT FORM UTILIZATION

This information describes the EOC forms that follow as listed below:

a. EOC Activation Checklist

This checklist is used to record key steps taken during the EOC activation process.

b. EOC Staffing Roster

Staff reporting to the EOC are listed for 24 hour staffing.

c. Message handling Procedure

Describes message handling for message form which follows the message handling procedure.

d. Message Log

Used to record message traffic received at EOC.

e. Increased Readiness Report

This form outlines key steps that may be taken in readiness for an anticipated emergency such as hurricane land fall, or flooding. Information would be reported to MEMA.

f. Initial Disaster Report

A summary of initial disaster related damage and assistance needs forwarded by the community to MEMA.

g. Situation Report (SITREP)

Periodic report forwarded to MEMA summarizing current emergency conditions in the community. Information is used to brief the Governor, and to manage emergency support to cities and towns.

h. Organized Volunteer Action

Records activities of Volunteer Organizations Active in Disaster (VOAD), other volunteer organizations and individuals.

i. Security Log

Used to record all persons entering or departing the EOC. Maintained at the EOC entrance.

j. Temporary Pass/Vehicle Pass

May be issued by local law enforcement to authorized individuals entrance into disaster areas which may be controlled for security or public safety reasons.

## EOC ACTIVATION CHECKLIST

1.     Notify:
2.   \_\_\_ Activate operations phones as required
3.   \_\_\_ Assign security to EOC entrance
4.   \_\_\_ Radio check
5.   \_\_\_ Brief personnel on situation
6.   \_\_\_ Review operating procedures
7.   \_\_\_ Initiate Increased Readiness Report
8.   \_\_\_ Notify

Each department head shall be responsible for further notification and staffing in accordance with the department's Standard Operating Procedures. Staffing levels will be determined by the scope and extent of the emergency situation.

EOC STAFFING ROSTER

Position Number	Position	Phone Ext	1st Shift	2nd Shift


## MESSAGE HANDLING PROCEDURES

### RADIO OPERATOR

- . record message
- . enter into radio log
- . forward to Message Coordinator

### MESSAGE COORDINATOR

- . determine appropriate action department
- . assign priority
- . enter into log
- . forward to appropriate department representative
- . notify plotter of significant events

### ACTION DEPARTMENT

- . determine capability to respond
- . forward if unable to respond
- . coordinate and complete response
- . enter into log
- . forward to Message Coordinator
- . also Communications Room if necessary

### MESSAGE COORDINATOR

- . complete log

. forward to plotter and file

MESSAGE FORM  
POSITION-MESSAGE NO.

DATE \_\_\_\_\_

TIME

REPORTED BY:

LOCATION:

PHONE/RADIO:

MESSAGE:

MESSAGE COORDINATOR

LOG

FORWARDED TO:

PRIORITY \_\_\_\_\_

LOG \_\_\_\_\_

PLOTTER

ROUTINE

OPERATIONS

ACTION TAKEN:

COMPLETE \_\_\_\_\_

LOG

RADIO MESSAGE ON BACK

MESSAGE COORDINATOR

PLOTTER

### MESSAGE LOG

MESSAGE #	TIME IN	MESSAGE	ACTION TAKEN	FORWARDED TO	TIME OUT


## DAILY STAFF JOURNAL LOG

[illegible]


NAME :

SIGNATURE :

CHRONOLOGICAL LOG

NAME \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_

TIME	MESSAGE or EVENT	ACTIONS REQUIRED

BLANK PAGE

# INCREASED READINESS REPORT

From:

INCREASED READINESS REPORTING (IRR) LOCAL STATUS FORM	DATE:	REPORT NO.
INCREASED READINESS (IR) ACTIONS TO BE REPORTED		TODAY'S REPORT
BASIC ACTIONS TO INCREASE LOCAL GOVERNMENT READINESS		
1A	HEAD OF GOVERNMENT BRIEFED AND CHECKLIST OF 1R ACTIONS REVIEWED	1A
1B	LOCAL EMERGENCY OPERATIONS PLAN REVIEWED AND/OR UPDATED	1B
EMERGENCY PUBLIC INFORMATION		
2A	MODERATES STEP-UP IN LOCAL EMERGENCY MANAGEMENT PUBLIC INFORMATION	2A
2B	LOCAL CSP-TYPE INFORMATION DISSEMINATED TO PUBLIC	2B
2C	FINAL PUBLIC INFORMATION CRISIS PREPARATIONS SHORT OF TAKING SHELTER	2C
SIGNIFICANT PUBLIC ACTIONS DURING IR PERIOD		
3A	ESTIMATED LEVEL OF RETAIL FOOD SALES ABOVE NORMAL	3A
3B	ESTIMATED LEVEL OF RETAIL GASOLINE SALES ABOVE NORMAL	3B
3C	ESTIMATED NUMBER OF PERSONS WHO HAVE EVACUATED	3C
3D	ESTIMATED NUMBER OF EVACUEES ARRIVING	3D
ACCELERATED TRAINING		
4A	ACCELERATED TRAINING STARTED	4A
4B	NUMBER OF SHELTER MANAGERS COMPLETING TRAINING	4B
4C	NUMBER OF RADIOLOGICAL MONITORS COMPLETING TRAINING	4C
EOC FACILITY IMPROVEMENT		
5A	IMPROVEMENT OR DEVELOPMENT OF EOC COMPLETED	5A
DIRECTION AND CONTROL READINESS		
6A	EOC MANNED 24 HOURS AS STANDBY LEVEL	6A
6B	EOC MANNED AT MINIMUM OPERATIONAL LEVEL	6B
6C	EOC FULLY MANNED	6C
PUBLIC SHELTER IMPROVEMENT		
10A	EXPEDIENT GROUP SHELTER IMPROVEMENT AND/OR CONSTRUCTION STARTED	10A
10B	EXPEDIENT GROUP SHELTER IMPROVEMENT AND/OR CONSTRUCTION COMPLETED	10B
TEXT:		
COMM INITIAL		TIME SENT

INITIAL DISASTER REPORT

1. WHAT HAPPENED: \_\_\_\_\_
2. WHEN IT HAPPENED: \_\_\_\_\_
3. WHERE IT HAPPENED: \_\_\_\_\_
4. EXTENT OF DAMAGE OF LOSS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. BEST ESTIMATE OF INJURED, HOMELESS, FATALITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. TYPE AND EXTENT OF ASSISTANCE REQUIRED, IF KNOWN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. ADDITIONAL REMARKS PERTINENT TO SITUATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETED BY:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SITUATION REPORT  
(Content and Format, Standard Daily Situation Report)

FROM: \_\_\_\_\_ Date: \_\_\_\_\_  
TO: MEMA  
SUBJECT: \_\_\_\_\_ Situation Report No: \_\_\_\_\_

1. **TYPE OF EMERGENCY**

- a. Identify the type of emergency, by name if it is due to a tropical storm or hurricane. (ie. David, Donna)
- b. Describe where it happened and when, or when it is likely to happen.

2. **DAMAGE**

- a. Casualties: Number of dead and injured and location(s) of these.
- b. Type and extent of property damage, especially as this directly affects people (e.g. major highways, bridges, rail routes, airports, deep waterports), or military facilities.

3. **LOCAL ACTIONS**

- a. Major actions, such as dissemination of warning, activation and use of EOCs, coordinating rescue operations, management of evacuations, arranging for necessary emergency supplies, working with mass media to get official information to the people.

4. **STATE ACTIONS**

- a. Participation by MEMA (1) Staff.
- b. Other

5. **FEDERAL ACTIONS**

- a. Participation by FEMA Regional Staff members.
- b. Use of FEMA supported resources, such as NAWAS and other communications nets, local EOCs funded by FEMA, stockpile engineering equipment, packaged disaster hospitals, surplus or excess property utilized, radio stations able to remain on-the-air because of FEMA provided emergency generators, On-Site Assistance elements brought to bear in the emergency, etc.

6. **MILITARY ACTION**

- a. State National Guard or Federal Active Duty Forces involved, described in terms of number of troops and type of equipment committed, and their mission(s).
- b. Actions by Army Corps of Engineers

7. **OTHER FEDERAL AGENCIES**

List actions by other Federal Government Civil Agencies in support of operations.

8. **ORGANIZED VOLUNTEER ACTION**

Identify American Red Cross and other volunteer agency participation in emergency actions, and describe major actions they have taken.

9. **OTHER**

PREPARED BY:

NAME:

TITLE:

DATE:

TIME:

## SECURITY LOG

[illegible]



# EMERGENCY MANAGEMENT

CARD NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_

AGENCY: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

---

EMERGENCY MANAGEMENT DIRECTOR

THE

AND OCCUPANTS OF THIS VEHICLE ARE AUTHORIZED TO PASS PURSUANT TO  
OFFICIAL EMERGENCY MANAGEMENT BUSINESS. THIS CARD SHOULD BE DISPLAYED  
WHEN THE VEHICLE IS SERVING IN A DISASTER AREA.

NON-TRANSFERABLE  
**OFFICIAL VEHICLE**

DISASTER FACT SHEET

COMMUNITY:

DATE OF DISASTER:

TYPE OF DISASTER:

CHIEF EXECUTIVE OFFICER:

Telephone (Work) (Home)

COMMUNITY'S DISASTER INFORMATION COORDINATOR:

Telephone (Work) (Home)

DIRECTOR, MEMA:

Telephone (Work) (Home)

MEMA DISASTER ASSISTANCE COORDINATOR:

Telephone (Work) (Home)

PRELIMINARY DAMAGE ESTIMATE

# OF BUSINESSES: DAMAGED \_\_\_\_\_ DESTROYED

# OF RESIDENTIAL UNITS: DAMAGED \_\_\_\_\_ DESTROYED

# OF PUBLIC BUILDINGS: DAMAGED \_\_\_\_\_ DESTROYED

ESTIMATED MONETARY LOSS: BUSINESS \$

RESIDENTIAL \$

PUBLIC \$

TOTAL \$

CON'T

1. BEST ESTIMATE OF INJURED, HOMELESS, FATALITIES:

---

---

---

---

2. TYPE AND EXTENT OF ASSISTANCE REQUIRED, IF KNOWN:

---

---

---

---

3. ADDITIONAL REMARKS PERTINENT TO SITUATION:

---

---

---

---

DAMAGE ASSESSMENT REPORT

1. TYPE OF DISASTER:
2. INCIDENT DATE:
3. ESTIMATE OF DISASTER RELATED DAMAGES  
# DAMAGED            # DESTROYED            MONETARY LOSS

BUSINESS:

-MANUFACTURING

-SERVICE

-RETAIL

AGRICULTURAL

RESIDENTIAL

PUBLIC (STATE/LOCAL)

4. EFFECT ON POPULATION

NUMBER OF HOMELESS:

NUMBER OF UNEMPLOYED (DUE TO DISASTER):

NUMBER OF PEOPLE EVACUATED:

NUMBER OF PEOPLE INJURED:

NUMBER OF PEOPLE KILLED:

DESCRIPTION OF AFFECTED POPULATION:

URBAN \_\_\_\_\_ RURAL

INCOME LEVEL:    LOWER \_\_\_\_\_ MIDDLE \_\_\_\_\_ UPPER  
AVERAGE INCOME PER CAPITA:

AVAILABILITY OF VACANT HOUSING IN THE AREA:

DAMAGE ASSESSMENT & DISASTER RECOVERY FACILITY DATA

DAMAGE ASSESSMENT VEHICLE/EQUIPMENT STAGING AREA #1:

Medford Street Parking Lot

MBTA Parking Lot  
Massachusetts Avenue near Park Avenue

DAMAGE ASSESSMENT VEHICLE/EQUIPMENT STAGING AREA #2:

Spy Pond Field  
Pond Lane

Arlington High School  
Football Field  
(Rear of High School)  
869 Massachusetts Avenue

DISASTER INFORMATION CENTER #1:

Community Safety Building  
112 Mystic Street

DISASTER INFORMATION CENTER #2:

Town Hall  
730 Massachusetts Avenue

DISASTER FIELD OFFICE #1:

Community Safety Building  
112 Mystic Street

DISASTER FIELD OFFICE #2:

Town Hall  
730 Massachusetts Avenue

DESIGNATION OF APPLICANT'S AGENT FORM  
(Please see "mock" form below before completing)

\_\_\_\_\_  
(Name of Applicant's Agent)      (Official Title of Applicant's Agent)

is hereby authorized to execute for and in behalf of the

(Applicant: City/Town or State Agency)

as the Applicant's Agent. Said Applicant's Agent is responsible for the administration, work, monitoring, and coordination of the MEMA Public Assistance Program.

SIGNATURES: \_\_\_\_\_

AUTHORIZATION:

APPLICANT'S AGENT:

\_\_\_\_\_  
Typed Name and Official Title

\_\_\_\_\_  
Typed Name and Official Title

Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

DESIGNATION OF APPLICANT'S AGENT FORM  
"MOCK"

BERKSHIRE TORNADO 1995

Mary Smith  
\_\_\_\_\_  
(Name of Applicant's Agent)

Town Accountant  
\_\_\_\_\_  
(Official Title of Applicant's Agent)

is hereby authorized to execute for and in behalf of the

Pine Valley

(Applicant: City/Town or State Agency)

as the Applicant's Agent. Said Applicant's Agent is responsible for the administration, work monitoring, and coordination of the MEMA Public Assistance Program.

SIGNATURES: \_\_\_\_\_

AUTHORIZATION:

APPLICANT'S AGENT:

John Davis, Mayor  
\_\_\_\_\_  
Typed Name and Official Title

Mary Smith, Town Accountant  
\_\_\_\_\_  
Typed Name and Official Title

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: September 1, 1995

Date: September 1, 1995

5. INDIVIDUAL AFFECTED BUSINESSES:

	NAME	ADDRESS	PHONE	LOSS INSURANCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				

6. INDIVIDUAL AFFECTED RESIDENTIAL UNITS:

	NAME	ADDRESS	PHONE	LOSS INSURANCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

7. INDIVIDUAL AFFECTED AGRICULTURAL UNITS:

	NAME	ADDRESS	PHONE	LOSS INSURANCE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

8. INDIVIDUAL AFFECTED PUBLIC FACILITIES:

- A. DEBRIS CLEARANCE
- B. PROTECTIVE MEASURES
- C. ROAD SYSTEMS
- D. WATER CONTROL FACILITIES
- E. PUBLIC BUILDING AND RELATED EQUIPMENT
- F. PUBLIC UTILITIES
- G. FACILITIES UNDER CONSTRUCTION
- H. PRIVATE NON-PROFIT FACILITIES
- I. OTHER (NOT IN ABOVE CATEGORIES)

NAME/ADDRESS

PHONE

LOSS INSURANCE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

9. LOCAL RESPONSE:

A local State of Emergency was declared at:

LOCAL RESOURCE EXPENDED

<u>NUMBER OF PERSONNEL</u>	<u>REGULAR TIME</u>	<u>OVER TIME</u>	<u>EQUIPMENT</u>
	Hours Cost	Hours Cost	Type Cost

POLICE

FIRE

EMERGENCY MANAGEMENT

DPW

OTHER

10. IMPACT STATEMENT

Briefly describe the impact of this disaster on your community. This should be a narrative description to document a clear picture of the magnitude and severity of the disaster as reflected by losses or damages, effects on people, and the effect on the local government. The resultant hardships, economic and social consequences should also be addressed. Finally, it should include the short and long term impact of this disaster on your community if federal disaster assistance is not provided.

(Complete on plain white paper and attach).

11. Attach a map of the affected area. A planning department map or assessor's map is normally suitable.

12. Attach Before and After photos of the affected areas.

# SHELTER REGISTRATION FORM

LAST NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

FAMILY MEMBERS LIVING AT ADDRESS (FIRST NAME)	RELATION	OVER OR UNDER AGE 18	* F/M	DISABILITY	SKILLS OR JOB TITLE	WORK ASSIGNED IN SHELTER	S.S. #

6. IMMEDIATE FAMILY MEMBERS NOT IN THIS SHELTER:

PRESUMED WHEREABOUTS:

RELATION:

REMARKS:

(USE BACK IF NECESSARY)

\* Female or Male

## 7.0 RADIOLOGICAL

### EOC RADEF SECTION STAFFING

Date (time) of last update: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Position Title	Name	Telephone Numbers	Training Date	Shift	
	Last, First, MI			1	2
Radiological Officers					
RADEF Operations					
Technical Support					
RADEF Analysts					
RADEF Plotters					
Instrument Specialists					
Decon Specialists					

## RADIOLOGICAL MONITOR LIST

Date (time of last update): \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

[illegible]

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STANDARD OPERATING PROCEDURE  
for EOC RADEF SECTION OPERATIONS

I. PURPOSE

The purpose of this SOP is to provide guidance for the direction and coordination of the Local EOC RADEF Section staff.

II. PROCEDURE

A. EOC RADEF Section Notification and Activation

Upon notification that the EOC RADEF Section is being activated, the Radiological Officer (Chief of the Local RADEF System and EOC RADEF Section) should use SOP Enclosure 1, "EOC RADEF Section Activation Checklist" to bring the EOC RADEF Section to operational readiness.

B. Increased Readiness (Surge) Phase of Operations

1. General RADEF Section Activities

During a period of Increased Readiness activities, the Local community EOC should be at least partially activated, including key EOC RADEF Section personnel.

The Radiological Officer should review SLG-100, "Guide for Increasing Local Government Civil Defense Readiness During Periods of International Crisis" Section 12, "Actions to Increase Radiological Defense Readiness".

2. Fallout Shelter Guidance

Guidance for Fallout Shelter upgrading of protection from fallout radiation and expedient Fallout Shelter construction designs is found in SLG-100, Section 6.

3. Emergency Public Information (Section 3)

Guidance for Emergency Public Information is provided in SLG-100, Section 3.

4. Accelerated Monitor Training (Section 5)

Guidance for implementing an accelerated training program to train Radiological Monitors is provided in SLG-100, Section 5.

5. Agricultural Readiness (Section 22)

Guidance for RADEF actions on radiation protection from Fallout radiation in rural farming areas is found in SLG-100, Section 22.

6. Radiological Instrumentation Inventory

The Radiological Officer should complete SOP for crisis Distribution of Instruments and batteries. Deficiencies should be reported to the State RADEF Officer for action.

7. Assignment of RADEF Personnel

The Local Radiological Officer should update, "EOC RADEF Section Staffing" and 2.2, "Radiological Monitor List" to make RADEF System 24-hour two-shift staffing assignments for the Local EOC and field facilities and teams.

8. Readiness Drills

Upon completion of SOP Enclosure 1 actions and the arrival of key EOC RADEF Section personnel, readiness drills should be initiated by the Local Radiological Officer.

9. Radiological Monitoring Preparations

All RADEF System radiological monitoring preparation activities should be performed using the guidance found in Appendix Attachment 2.2, "Radiological Monitoring Operations".

III. ENCLOSURES

- 1.\*Form, "EOC RADEF Section Activation Checklist"
- 2.\*Form, "Radiation Exposure Record"
- 3.\*Form, "Radiation Exposure Rate History Record"
- 4.\*Form, "Radiological Reporting Log"

\*NOTE: These forms are furnished to be duplicated and filled out upon activation.

SOP for EOC RADEF Section Operations  
Enclosure 1: EOC RADEF Section Activation Checklist

A. RADEF Instruments

1. Operability test instruments

- ☐ a. EOC instrument sets
- ☐ b. Field instrument sets

2. Distribution of local bulk stocks

- ☐ a. Order local bulk stock distribution

3. Implement Crisis Distribution Plan

- ☐ a. Priority 1; Emerg Svcs, Key Fac, Vital Ind
- ☐ b. Priority 2; Shelter Kits

4. Mobilization of Surge produced instruments

- ☐ a. Arrange to take delivery from FEMA
- ☐ b. Arrange for distribution to field

B. EOC Staff Radiation Protection

1. Assign personnel protection monitors to EOC

- ☐ a. Review SOPs
- ☐ b. Prepare forms

2. Distribution of instrument sets

- ☐ a. Conduct operability tests
- ☐ b. Distribute Dosimeters

3. Staff Training

- ☐ a. Surge training for RMs (as required)
- ☐ b. Review use of dosimeters (all staff)

4. Expedient upgrade of facility

- ☐ a. Survey of facility recommendations
- ☐ b. Oversee expedient upgrade (as required)
- ☐ c. Relocate to alternate EOC (as required)

SOP for EOC RADEF Section Operations  
Enclosure 1: EOC RADEF Section Activation Checklist

C. Monitoring and Reporting M&R Network

1. Establish or update location list
  - \_\_\_ a. Refine M&R Station facility list
2. Assign or update staff assignments to M&R Stations
  - \_\_\_ a. Assign monitors to M&R stations
3. Bring stations to operational status
  - \_\_\_ a. Distribute instrument sets to stations
  - \_\_\_ b. Produce/distribute data collection and reporting forms
  - \_\_\_ c. Establish communications with M&R stations
4. Staff training
  - \_\_\_ a. Conduct surge training (as required)
  - \_\_\_ b. Review SOPs
  - \_\_\_ c. Instrument operability tests
5. Expedient upgrade of facility
  - \_\_\_ a. Conduct survey of facility with expedient upgrade for recommendations
  - \_\_\_ b. Requests for assistance (as required)
  - \_\_\_ c. Oversee upgrading (as required)

D. Radiation Exposure and Exposure Rate Prediction

1. Assign EOC RADEF section staff to
  - \_\_\_ a. Predicting accumulated doses (TR-89)
  - \_\_\_ b. Predicting fallout exposure rates (TR-89)
2. Conduct surge training for staff
  - \_\_\_ a. Use of FEMA document TR-89
  - \_\_\_ b. Use of FEMA document TR-90
3. Review of SOPs
  - \_\_\_ a. Review of TR-89 by assigned staff
  - \_\_\_ b. Review of TR-90 by assigned staff
4. Produce/distribute necessary forms
  - \_\_\_ a. Predicting accumulated doses
  - \_\_\_ b. Predicting fallout exposure rates

E. Maps and plotting of RADEF Data

1. Assign EOC staff to this function

\_\_\_ a. Assign plotters

2. Checkoff of plotting supplies (by assigned personnel)

\_\_\_ a. Computer and computer supplies

\_\_\_ b. Overhead projection equipment & supplies

\_\_\_ c. Plotting/white/chalk boards, Events Log

\_\_\_ d. Road/town/geological survey maps, chart of coastal waters

\_\_\_ e. Office supplies, pens, pencils, markers, chalk, paper, staples, paper clips, etc

\_\_\_ f. Dose rate history curve materials, calculator, graph paper, calculations forms\_\_\_

\_\_\_ g. Copier and supplies

3. Staff training

\_\_\_ a. Surge training of plotters (as required)

\_\_\_ b. Review of SOPs

SOP for EOC RADEF Section Operations  
Enclosure 2: Radiation Exposure Record - Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Years

Address: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Authorized \_\_\_\_\_  
Shelter/Facility: \_\_\_\_\_

Exposure/Dose: \_\_\_\_\_ R

Page \_\_\_\_\_ of \_\_\_\_\_

Date	Local Time	New/Added Exposure (R)	Total Exposure (R)	Comments
		XXXXXXXXXX		

Note: SSN = Social Security Number

SOP for EOC RADEF Section Operations  
Enclosure 3: Radiation Exposure Rate History Record - Form

Name of  
Shelter/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Instrument Used: \_\_\_ CDV-715 \_\_\_ CDV-717 \_\_\_ CDV-700 \_\_\_ Other

Serial #: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Page \_\_\_ of \_\_\_

Date	Local Time	Exposure Rate (R/hr)	Date	Local Time	Exposure Rate (R/hr)

SOP for EOC RADEF Section Operations  
Enclosure 4: Radiological Reporting Log

Name of  
Shelter/Facility: \_\_\_\_\_

Location  
Address: \_\_\_\_\_

\*\*\*\*\*

Report of when initial radiation exposure rate exceeded 0.5 R/hr:

Report Made To: \_\_\_\_\_ Location: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Reading: \_\_\_\_\_ Exposure

Rate: \_\_\_\_\_ R/hr

See Note (1) Date: Time      Rate		See Note (2) Date: Time      Rate		See Note (3) Date: Time      Rate		See Note (4) Once Each Day	
		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX			
		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX			
		12 hr. dose is		24 hr. dose is			
		R		R			
		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX			
XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX		12 day dose is	
XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXX		R	
12 hr. dose is		24 hr. dose is		48 hr. dose is		14 day dose is	
R		R		R		R	

All radiation readings should be taken on the hour (H).

- (1) H+1 to H+12 hourly exposure rates taken every hour.
- (2) H+13 to H+24 exposure rates taken every 3 hours.
- (3) H+25 to H+48 exposure rates taken every 6 hours.
- (4) Daily exposure rate reading taken at noon.

STANDARD OPERATING PROCEDURE  
for RADIOLOGICAL MONITORING OPERATIONS

I. PURPOSE

The purpose of this SOP is to provide guidance to RADEF System Radiological Monitors for performing their functional duties.

II. PROCEDURE

A. General

1. Radiation Records

Use SOP Enclosure 1, "Radiation Exposure Record" to record radiation exposures for each individual in each of your Local RADEF System facilities.

Use SOP Enclosure 2, "Survey Meter Record" to record general radiation readings.

Use SOP Enclosure 3, "Radiological Reporting Log" to record Monitoring and Reporting Station radiological data.

2. Radiological Reports

a. Immediate (FLASH) Report. All Radiological Monitors should make an immediate (FLASH) Report to the Local EOC upon initial measurement of 0.5 R/hr which indicates the arrival of Fallout at that location.

b. Periodic Reports. Upon request from the Local EOC RADEF Section, Radiological Monitors should provide radiological data for Local community and State use in preparing RADEF Warning and Advisory notices to the Public.

B. Increased Readiness (Surge) Period Actions

1. Radiological Monitor Training

Radiological Monitor training is expected to be made available by the local community Radiological Officer with support from the State RADEF Officer upon request.

2. Fallout Shelter Assignment

Upon assignment to a Fallout Shelter, the Radiological Monitor should ask the Local Radiological Officer about the status of RADEF instrument set(s) delivery at the assigned Fallout Shelter.

Upon arrival at the Fallout Shelter, perform actions found on Checklist B, "Standard Checklist for Radiological Monitors" in SOP FEMA Publication CPG 2-

6.4, "Radiation Safety in Shelters". Report instrument problems to the EOC RADEF Section Technical Support Branch for correction.

Periodically test communications links to the Local EOC RADEF Section RADEF Operations Branch.

Listen to an available AM/FM radio for updating crisis information and instructions.

Prepare SOP Enclosure 2, "Survey Meter Readings", for recording of all radiation readings.

C. Emergency Response Period Actions

1. Fallout Shelter Assignment

Upon notification of Emergency Response phase of operations, perform Checklist A, "For Immediate Action" in SOP Enclosure 4, "Radiation Safety in Shelters".

2. Complete all items in B 2 above.

D. Recovery Period Actions

1. Fallout Shelter Assignments

Under direction from the local Radiological Officer, conduct limited unsheltered missions from the Fallout Shelter to re-establish critical community services or for relocation to a safer Fallout Shelter.

III. ENCLOSURES

1. Form, "Radiation Exposure Record" (Page 51)
2. Form, "Survey Meter Readings" (Page 52)
3. Form, "Radiological Reporting Log" (Page 53)

STANDARD OPERATING PROCEDURE  
for CRISIS DISTRIBUTION OF INSTRUMENTS AND BATTERIES

I. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to describe how Radiological Defense (RADEF) Instruments resources would be supplemented and allocated during a crisis (Surge) period.

II. PROCEDURE

During a period of crisis (Surge) activities, the Local Radiological Officer should update Page 60, "Radiological Instrument Set Inventory" to identify the quantities of dosimeters, dosimeter chargers, batteries, and instrument set resources available to the Local RADEF System.

A. Existing Local Bulk-Stored Inventory of RADEF Instruments

<u>Instrument Descriptions</u>	<u>CDV- Available</u>	<u>Status</u>
1. Dosimeters	742	_____
2. Dosimeters Chargers	750	_____
3. Self-Protection Set	777	_____
4. Monitoring & Reporting Station	777A	_____
5. Alternate Self- Protection Set	777-1	_____
6. Fallout Shelter Set	777-2	_____
7. Batteries (D-Cell)		_____

B. Crisis (Surge) Period Needs/Allocations from State Inventory

<u>Instrument Descriptions</u>	<u>CDV- Requested</u>	<u>Allocated</u>
1. Dosimeters	742	_____
2. Dosimeters Chargers	750	_____
3. Self-Protection Set	777	_____
4. Monitoring & Reporting Station	777A	_____
5. Alternate Self- Protection Set	777-1	_____
6. Fallout Shelter Set	777-2	_____
7. Batteries (D-Cell)		_____

C. Summary of Dosimeter/Charger Planned Crisis Distribution

	Facility Name and Address	Quantities	
		CDV-750	CDV-742
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____

NOTE: Identify additional distributions on page reverse side.

D. Planned Methods for Distribution

The Local Radiological Officer must coordinate with other Local Agencies to request assistance with the distribution of available RADEF instruments to their assigned locations. In addition, Radiological Monitors should also assist with the distribution/transportation of instruments, as needed.

E. Summary of Instrument Set Planned Crisis Distribution

<u>Facility Name/Address</u>	Quantities (CDV-)			
	<u>777</u>	<u>777A</u>	<u>777-1</u>	<u>777-2</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____

NOTE: Identify additional distributions on page reverse side.

III. ENCLOSURES: None

## FALLOUT SHELTER CAPABILITY

Page \_\_\_\_\_ of \_\_\_\_\_

Facility Name Address	Shelter Spaces	Instrument Sets	
		Needed	Issued

RADIOLOGICAL INSTRUMENT SET INVENTORY

Page \_\_\_\_ of \_\_\_\_

Facility Name (1) Address	Contact Person	Phone Number	Instrument Sets	
			Type	Number

(1) Jurisdiction: List Community or Agency

## TRANSPORTATION RADIOLOGICAL ACCIDENT

### I. INTRODUCTION

The purpose of this plan is to provide a documented and coordinated plan for preparedness and emergency response actions for transportation accidents involving radiological materials in Massachusetts. The plan provides a methodology for a coordinated response effort by MEMA, Massachusetts Department of Public Health (MDPH), Massachusetts Department of Environmental Protection (MDEP), Massachusetts Department of Food and Agriculture (MDFA), Massachusetts Department of Labor and Industries (MDLI), Massachusetts Highway Department (MHD), Massachusetts State Police (MSP), city and town governing bodies, and local fire and police.

### II. SITUATION AND ASSUMPTIONS

#### A. Situation

First response teams may have to respond to Transportation Accidents where part or all of a cargo being transported may involve radiological materials.

#### B. Assumptions

1. There are two probable accident consequences that will require prepared and trained response effort to be successful.
  - a. Low Hazard with High Probability - accidents that may involve tight Type A or B packaging.
  - b. High Hazard with Low Probability - accidents that involve Type B Highway Route Controlled Quantity (HRCQ) shipments with conceivable severe damage to the packaging resulting in radioactive release.
2. First Responders must be trained to assess the situation for immediate localized hazard and removed site risks.
  - a. Immediate hazard - applicable to both probable accident consequences. Cargo is contained within close proximity to the transporting vehicle and will remain localized regardless of environmental or physical influences.
  - b. Removed site risks - applicable to both probable accident transporting consequences. Packaged cargo or released radioactive materials may be carried off-site through environmental or physical influences, i.e. rain, surface contours, closed and open storm water drainage systems. Removed site risks will require additional on site actions to preclude radioactive material from being transported off-site. Greatly increased response actions will be required to prevent further movement when radioactive materials have escaped

the immediate transportation accident site.

3. This section of the CEMP, serves as a removable Appendix to be used in conjunction with the Radiological Protection Annex and the separately published "Transport of Radioactive Materials Q&A" furnished with every CD V-777-1 Radiation Kit provided by MEMA. This plan is further limited to non-Federal jurisdictional accidents, such as, nuclear weapons or related devices which come under the control of the Department of Defense (DOD) or Department of Energy (DOE).

### III. CONCEPT OF OPERATIONS

#### A. Concept

1. First responders, usually police and fire fighters will initially assess the situation, restrict access to the accident site, provide incident notification to MSP, MDPH Nuclear Incident Advisory Team (NIAT) and MEMA, and request additional responders MHD, MDEP, HAZMAT and clean-up contractors to handle specific problems and try to help mitigate escalation of the situation. The first on-scene responder will take charge of the situation until properly relieved under the Incident Command System (ICS).
2. If the incident involves nuclear weapons or related devices, or if there is a transportation accident with significant radiological consequences, the transfer of Command of the situation would be to DOD and/or DOE from the local Incident Commander (IC) upon arrival of proper representatives of these agencies.

#### B. Response

1. First Responders arriving at the scene should assess the situation from a safe distance, upwind, by reading placards and labels using binoculars, approach site with caution staying upwind. Locate shipping papers if practical.
2. Notify dispatcher of initial information gathered and assessment. Dispatcher notifies any local radiological authorities, the MSP who in turn notify the NIAT (Office hours 617-727-9710, Other times 508-820-2121) and MEMA who will notify others if appropriate.
3. The first responders organize under the ICS and perform life saving rescue and emergency first aid to any victim(s). Accident victims should be removed from proximity of any measurable radioactive material, emergency workers should

measure any exposure using the CD V-777 kit.

4. Establish control lines to restrict access to the Controlled Area. Determine the Non-controlled area and identify an appropriate Command Post (CP) location.
5. As a minimum the following accident information needs to be obtained and recorded.
  - (a) Names of injured persons requiring life saving and other priority medical care and disposition.
  - (b) Name of caller, organization affiliation, location of accident, telephone number or communications identifier.
  - (c) Description or other identification of the vehicle, type of vehicle, placard(s), number and type of packages and markings (labels) and DOT/NRC certification number. Indications of any possible releases such as wet areas or the presence of fire or smoke.
  - (d) Description or identification of radioactive materials as obtained from the shipping papers and other identifiers.
  - (e) Radionuclide(s) activity level in curies.
  - (f) Regulated Quantities (RQ), shipping names and United Nations/North American (UN/NA) identification number(s).
  - (g) Make note of the Emergency Response information utilized during the response and make note of which Guide was used from the Emergency Response Guidebook (ERG) USDOT 5800.6.
  - (h) Record the physical and chemical form of the material and other hazardous properties noted.
  - (i) Description of the relevant environmental characteristics such as wind direction, weather conditions, terrain, surrounding population, accessibility, etc.
  - (j) Identify organizations on scene and keep a log as to requests made to others for support.
  - (k) Prognosis for termination or worsening of situation.

(1) Identification of shipper and carrier involved.

6. Record and document any radiation exposure of all persons including emergency workers and evacuees monitored for contamination. Include the person's name, address location, time and date of monitoring, instrument used and calibration date, radiation exposure measured, any advice given and the source of that advice and record any measurements made following decontamination.
7. Make notes or keep copies of any news releases provided to the media and retain copies, obtain written authorization for any such written releases. Make notes of what information was imparted during oral press conferences.

C. Recovery - Post-Accident Operations

1. Following the satisfactory mitigation of the incident, the next function is to assure the cleanup and decontamination of property (both real and personal), vehicles and equipment.
2. Though it should not hamper post accident operations, efforts should be made to determine who will conduct and pay for the clean up, decontamination operations and other liability concerns.
3. All vehicles and equipment used in mitigating the incident shall be monitored before return to normal service.

D. Support

1. The shipper of the materials may well be best equipped to deal with the materials involved, it is important to establish communications to determine if they can supply a team to mitigate the problem.
2. The news media can be of assistance in providing emergency announcements over radio and television explaining to the public exactly what the problem is and how exposure can be minimized.
3. Assistance from neighboring states and nuclear power plant operators may be requested by MEMA.

IV. ORGANIZATION AND RESPONSIBILITIES

A. Organization

NIAT, which is the action arm of MDPH concerned with radiation protection, is tasked to accept notifications of Radiological Incidents 24 hours a day and responds to such incidents when notified with appropriate radiological measuring equipment.

B. Administration and Logistics

MEMA is responsible for coordinating logistical matters regarding the maintenance of this appendix.

C. Plan Development and Maintenance

This plan puts into place assurances that the primary responsibility for emergency response to transportation accidents have been specifically established and documented in writing, and that appropriate organizational capabilities exist for responding to transportation accidents on a 24 hour basis.

D. State and Federal Involvement

1. Response to radiological transportation accidents will be directed by the jurisdictional local IC or On-Scene Commander.
2. Federal agencies will support the leading role of the State and will not become involved without direct request from the State. However, the DOD or the DOE assume the lead role when nuclear weapons or devices are involved or when the accident presents significant radiological consequences.

V. AUTHORITIES

1. Federal Laws: PL 81-920, PL 93-288, PL 100-408, Atomic Energy Act of 1954 as amended, National Security Decision Directive No. 259, 49 CFR Parts 171-180.
2. Massachusetts statutes Chapter 639 Acts of 1950, as amended, Chapter 579 Acts of 1968, Chapter 111, Sections K through P.
3. State Executive Orders: EO 34, EO 144, EO 242, EO 276.

VI. ATTACHMENTS

1. Radiological Incident Information Recording Form
2. Emergency Telephone Numbers

RADIOLOGICAL INCIDENT INFORMATION RECORDING FORM

Date: \_\_\_\_\_

Time: \_\_\_\_\_

1. Person calling \_\_\_\_\_

a. Position-Title \_\_\_\_\_

b. Address \_\_\_\_\_

c. Telephone number for call back \_\_\_\_\_

d. Radio call number for call back \_\_\_\_\_

2. Address where incident occurred \_\_\_\_\_

\_\_\_\_\_

3. Were people injured? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is being done with them?

4. Is fire involved? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has a fire department been called? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What happened at the incident scene? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(This information can come from an interview with the vehicle operator)

6. Has the incident area been restricted as to access?

Yes \_\_\_\_\_ No \_\_\_\_\_

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